U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
	or Official use Offiy
E	ME15500
-	The Day
	OLMS V

1. File Number **U** - 5 75

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Unsellmannightmaristettmarity f	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Jeffrey Benavidez	Name International Association of Iron Workers #66				
	Labor Organization File Number 023-625				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 4318 Clark Ave.	Street 4318 Clark Ave.				
City San Antonio	City San Antonio				
State Texas ZIP Code + 4 78223	State Texas ZIP Code + 4 78223				
5. Position in labor organization. Business Manager					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
	geninative member and a contractive contra				
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Jeffrey Senewillez	on 8-11-05				
Form LM-30 (2003)	Date Telephone Number				

Name of Person Filing Jeffrey	Benavidez	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, Name Zenith Administrators  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 400  Street 9555 W. Sam Houston Pkwy S  City Houston		Business deals with:  a. Labor Organization  b. Trust  c. Employer			
	4 77099	Nichture of such dealing			
10. If 9.b. or 9.c. is checked give trust or employer's nan  Name Texas Ironworkers Trust Funds  Trade Name, if any:	re.	a. Nature of such dealing. ministrative Agents			
P.O. Box, Bldg., Room No., if any Suite 400 Street 9555 W. Sam Houston Pkwy S					
	startifur for till formalise till annalise till samalise till startifur för till startifur till startifur till samalise till samalise startifur till startif	. Approximate dollar value of such dealing	g. \$945,075		
City Houston  State Texas ZIP Code		n. Nature of interest held or income rece ril 18 Golf at Falconhead G			
	12.b	. Amount.	\$8		

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			